

Innovative Lending Solutions

INFORMATION NEEDED FOR YOUR APPLICATION

House Information

- Home Owners Insurance Information
Company _____ Agent Name _____
Phone # _____ Fax # _____

- Home Owners Association Information
Association Name _____
Phone Number _____
Management Company _____
Management Co. Phone # _____

Income & Assets

Borrower

Co-Borrower

- | | | |
|--|--------------------------|--------------------------|
| <input type="checkbox"/> W-2's | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Pay stubs (Past 2) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Tax Returns (2 Years) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Other _____ | | |

Bank Statements

- | | | |
|-----------------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> Personal | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Business | <input type="checkbox"/> | <input type="checkbox"/> |

Asset Statements

- | | | |
|--------------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> _____ | <input type="checkbox"/> | <input type="checkbox"/> |

Liabilities / Payment History

- | | | |
|---|---|---|
| <input type="checkbox"/> Mortgage Statement | <input type="checkbox"/> 1 st Mortgage | <input type="checkbox"/> 2 nd Mortgage |
| <input type="checkbox"/> Landlord Name & Phone # _____ | | |
| <input type="checkbox"/> Copies of Cancelled Rent Checks for _____ Months | | |

Identification Information

- | | | |
|--|------------------|-----------------------|
| <input type="checkbox"/> Driver's License Number _____ | State _____ | |
| Birth-date _____ | Issue Date _____ | Expiration Date _____ |
| <input type="checkbox"/> Driver's License Number _____ | State _____ | |
| Birth-date _____ | Issue Date _____ | Expiration Date _____ |

Bankruptcy / Consumer Credit Counseling / Foreclosure Information

- _____

Deposit Checks

- | | |
|---|---|
| <input type="checkbox"/> Credit (\$68.00) | <input type="checkbox"/> Appraisal (\$ _____) |
|---|---|

Other Information Needed

- _____
- _____
- _____
- _____

If you have any questions whatsoever, please don't hesitate to give us a call.